



12-05-01 Duplicate pre A
B. Burns 3662
RECEIVED 12/07/01

DEC 07 2001

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0551-0031
U.S. Patent and Trademark Office (U.S. DEPARTMENT OF COMMERCE)
This document displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/847,093	
	Filing Date	05/02/2001	
	First Named Inventor	HENRY MICHAELS BEISNER	
	Group Art Unit	3662	
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) PRELIMINARY AMENDMENT 2) RETURN RECEIPT POST CARD
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	HENRY MICHAELS BEISNER
Signature	Henry Michaels Beisner
Date	10/29/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 10/30/01			
Typed or printed name	HENRY MICHAELS BEISNER		
Signature	Henry Michaels Beisner	Date	10/30/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Duplicate Pre A #
G. Burns
12/07/01

Applicant : Henry Michaels Beisner
Appl. No. : 09/847,093
Filed : 05/02/2001
Title : Adaptive Filter to Reduce Multipath
Grp./A.U. : 3662

Honorable Commissioner for Patents
Washington DC 20231

RECEIVED
DEC 07 2001
GROUP 3600

AMENDMENT

Sir:

Please amend the above identified application as follows:

In the claims:

Please cancel claims 1 through 7 on page 10.

Please add new claims 8 through 13 on pages 10, 10A and 10B.

Attached hereto is a clean copy of the new claims on pages 10, 10A and 10B.

Respectfully submitted,

Henry Michaels Beisner
10/29/01

Henry Michaels Beisner
11904 Tildenwood Drive
Rockville, MD 20852